

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12003**  
Registrar's No. **2696**

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

\_\_\_\_\_

## 1. PLACE OF DEATH

## a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **St. Louis,**c. LENGTH OF  
STAY (in this place)d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION **De Paul Hospital**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

## a. STATE

**Mo**

## b. COUNTY

**St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township)

**Bissell Hills****4000**d. STREET  
ADDRESS

(If rural, give location)

**10118 Coburg Lands Drive**3. NAME OF  
DECEASED

## a. (First)

## b. (Middle)

## c. (Last)

(Type or Print)

**Salina****Mells**4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

**3****8****53**

## 5. SEX

## 6. COLOR OR RACE

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

## 8. DATE OF BIRTH

9. AGE (in years  
last birthday)10. UNDER 1 YEAR  
Months11. UNDER 1 HRS.  
Days12. UNDER 1 MIN.  
Hours**Female****White****Divorced****3****7-31-1874****78****0****0****0**10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)10b. KIND OF BUSINESS OR IN-  
DUSTRY**Housework**

## 11. BIRTHPLACE (City and State or Foreign Country)

**Union Mo**12. CITIZEN OF WHAT  
COUNTRY?

## 13a. FATHER'S NAME

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

**August Hollmann****Unknown****Frank Mells (Divorced)**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY  
NO.

## 17. INFORMANT'S SIGNATURE OR NAME

## ADDRESS

-----

**no****Mr Lawrence Link 1216 Neward Dr**

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)\*This does not mean  
the mode of dying, such  
as heart failure, asthma,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

**Arteriosclerotic Cardio-Vascular****Disease**

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.INTERVAL BETWEEN  
ONSET AND DEATH19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME  
OF  
INJURY

(Month)

(Day)

(Year)

(Hour)

21e. INJURY OCCURRED  
WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

**442X**22. I hereby certify that I attended the deceased from **2/28**, 19**53**, to **3/8**, 19**53**, that I last saw the deceased  
alive on **3/8**, 19**53**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

**Charles E. Martin M.D.****4020 N. Florissant****3/9/53**24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

(State)

**Removal****3-11-53****Laurel Hill Gardens****St. Louis, Mo**DATE REC'D BY LOCAL  
REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

**MAR 11 1953****J. Carl Smith****Woodhart-Woodhart 2228 St. I. vis. Av**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Fred J. Farmer*

Licensed Embalmer No. *4788*

P. O. Address

*St. Louis, Mo.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.